

Organic System Plan for Dairy

Please fill out this questionnaire if you are requesting organic livestock certification. Use additional sheets if necessary. Sign section 19 and enclose it with your application fee if you are submitting your application electronically. You must submit farm maps, field history sheets and all other supporting documents (soil, tissue or water tests, rented or recently purchased land histories, etc.) outlined in section 19 of this questionnaire. **This form must be 100% filled out in order for your application to be considered. Incomplete applications will not be forwarded to the inspector.**

SECTION 1: General Information			NOP Rule 205.401
Name	Farm Name		
Address	City		
State	Zip code	Date	
Phone	E-mail	Fax	
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Other (specify)			
Year first certified	List any prior agencies of organic certification	List any current agencies of organic certification	
1) Is your dairy operation: <div style="margin-left: 40px;"> <input type="checkbox"/> 100% organic <input type="checkbox"/> a split operation (both organic and conventional production) </div>			
2) Do you have an updated copy of the NOP regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3) Do you intend to certify any crops, cropland, or pasture acreage this year? <input type="checkbox"/> Yes <input type="checkbox"/> No a) If yes, have you also completed an Organic System Plan for crops? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4) Is any off-farm or on-farm processing done (slaughtering, packaging, bottling, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No a) If yes, have you submitted and Organic Handling System Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5) Give directions to your farm for the inspector.			
6) When are you most available to contact? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
7) When are you most available for the inspection? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
SECTION 2: Compliance History			NOP Rule 205.401, .402, .406
1) Did you have any non-compliances from last year's certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
a) If yes, please complete the following table; listing each non-compliance.			
Noncompliance	Date of Notice	Corrective Action Update	

ie. 205.103(b)(2),(4) Equipment cleanouts	8/1/10	I have continued to keep an equipment cleanout log.

- 3) Have you ever been denied certification? ☐ Yes ☐ No
- a) If yes, describe the circumstances, including the certification agent involved, the reason certification was denied, and any steps taken:
- 4) Has your certification ever been suspended or revoked? ☐ Yes ☐ No
- a) If yes, describe the circumstances, including the certification agent involved, the reason certification was suspended or revoked, and any steps taken:

SECTION 3: Livestock Inventory Descriptions

NOP Rule 205.236

- 1) Provide the following information for the approximate classes and numbers of animals being raised for production this year.

CLASS	ORGANIC	TRANSITIONAL	CONVENTIONAL	NOT APPLICABLE
Bulls				<input type="checkbox"/>
Milking Cows				<input type="checkbox"/>
Milking Cows (High)				<input type="checkbox"/>
Milking Cows (Low)				<input type="checkbox"/>
Fresh Cows				<input type="checkbox"/>
Close-up Cows				<input type="checkbox"/>
Far-off Cows				<input type="checkbox"/>
Bred Heifers				<input type="checkbox"/>
Young Heifers				<input type="checkbox"/>
Calves				<input type="checkbox"/>
(Other)				<input type="checkbox"/>
(Other)				<input type="checkbox"/>

SECTION 4: Origin of Organic Livestock

NOP Rule 205.236

A. Source of Dairy Cattle

☐ Not applicable

- 1) Do you sell organic cull cows? ☐ Yes ☐ No ☐ Not applicable
- 2) Do you raise organic dairy replacement animals on-farm? ☐ Yes ☐ No ☐ Not applicable
- 3) If you purchase any livestock, supply specific information: ☐ Not applicable

CLASS OF DAIRY CATTLE	ID	DATE OF PURCHASE	BIRTHING DATE	PURCHASE SOURCE	ORGANIC OR	CERTIFICATION AGENCY?
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					CONVENTIONAL	

5) What is your current plan for replacement stock?

- ☐ purchase organic dairy animals 0% of total replacements
- ☐ purchase conventional stock and transition them to organic 0% of total replacements
- ☐ raise own organic replacements 0% of total replacements
- ☐ other (please explain) 0% of total replacements

SECTION 5: Livestock Feed and Feed Supplements

NOP Rule 205.237, .238(a)(2), .271, .272

A. Feed

1) Feed ration tables.

FEED RATIONS FOR DAIRY STOCK LESS THAN SIX MONTHS

☐ Not applicable, no dairy stock under six months of age.

DAIRY STOCK TYPE	FEED TYPE	LBS/ANIMAL/DAY	MONTHS OF THE YEAR THIS IS FED

RATIONS AND PASTURE CALCULATION FOR YOUNG HEIFERS

☐ Not applicable.

a. DRY MATTER DEMAND (DMD)

☐ Large Breed ☐ Small Breed

Average Weight per Cow		DMD Table Value (lbs/day)

b. GRAZING SEASON RATION

c. NON-GRAZING SEASON RATION

Feed Type	%DM of Feed	Average lbs Fed Per Cow	DM Fed (lbs)	Feed Type	%DM of Feed	Average lbs Fed Per Cow	DM Fed (lbs)

		X		=				X		=
		X		=				X		=
		X		=				X		=
		X		=				X		=
		X		=				X		=
		X		=				X		=
		X		=				X		=
		X		=				X		=
		X		=				X		=

				Total DM Fed						Total DM Fed	
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d. PASTURE CALCULATION

DMD Table Value		Total DM Fed		DM Pasture		DMD Table Value		Percent DM Pasture
	—		=		÷		=	

RATIONS AND PASTURE CALCULATION FOR CLOSE-UP COWS

☐ Not applicable.

a. DRY MATTER DEMAND (DMD)

☐ Large Breed ☐ Small Breed

Average Milk Production Per Cow Per Day	Average Weight per Cow	DMD Table Value (lbs/day)

b. GRAZING SEASON RATION

c. NON-GRAZING SEASON RATION

Feed Type	%DM of Feed		Average lbs Fed Per Cow		DM Fed (lbs)	Feed Type	%DM of Feed		Average lbs Fed Per Cow		DM Fed (lbs)
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	

				Total DM Fed						Total DM Fed	
--	--	--	--	--------------	--	--	--	--	--	--------------	--

d. PASTURE CALCULATION

DMD Table Value		Total DM Fed		DM Pasture		DMD Table Value		Percent DM Pasture
	—		=		÷		=	

RATIONS AND PASTURE CALCULATION FOR FRESH COWS

☐ Not applicable.

a. DRY MATTER DEMAND (DMD)

☐ Large Breed ☐ Small Breed

Average Milk Production Per Cow Per Day	Average Weight per Cow	DMD Table Value (lbs/day)

b. GRAZING SEASON RATION

c. NON-GRAZING SEASON RATION

Feed Type	%DM of Feed		Average lbs Fed Per Cow		DM Fed (lbs)	Feed Type	%DM of Feed		Average lbs Fed Per Cow		DM Fed (lbs)
-----------	-------------	--	-------------------------	--	--------------	-----------	-------------	--	-------------------------	--	--------------

		X		=			X		=
		X		=			X		=
		X		=			X		=
		X		=			X		=
		X		=			X		=
		X		=			X		=
		X		=			X		=
		X		=			X		=
		X		=			X		=
Total DM Fed					Total DM Fed				

d. PASTURE CALCULATION

DMD Table Value	Total DM Fed	DM Pasture	DMD Table Value	Percent DM Pasture
—	=	÷	=	

RATIONS AND PASTURE CALCULATION FOR MILKING COWS (LOW)

☐ Not applicable.

a. DRY MATTER DEMAND (DMD)

☐ Large Breed ☐ Small Breed

Average Milk Production Per Cow Per Day	Average Weight per Cow	DMD Table Value (lbs/day)

b. GRAZING SEASON RATION

c. NON-GRAZING SEASON RATION

Feed Type	%DM of Feed	Average lbs Fed Per Cow	DM Fed (lbs)	Feed Type	%DM of Feed	Average lbs Fed Per Cow	DM Fed (lbs)
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
Total DM Fed				Total DM Fed			

d. PASTURE CALCULATION

DMD Table Value	Total DM Fed	DM Pasture	DMD Table Value	Percent DM Pasture
—	=	÷	=	

RATIONS AND PASTURE CALCULATION FOR MILKING COWS (HIGH)

☐ Not applicable.

a. DRY MATTER DEMAND (DMD)

☐ Large Breed ☐ Small Breed

Average Milk Production Per Cow Per Day	Average Weight per Cow	DMD Table Value (lbs/day)

b. GRAZING SEASON RATION

c. NON-GRAZING SEASON RATION

Feed Type	%DM of Feed	Average lbs Fed	DM Fed (lbs)	Feed Type	%DM of Feed	Average lbs Fed	DM Fed (lbs)
-----------	-------------	-----------------	--------------	-----------	-------------	-----------------	--------------

			Per Cow						Per Cow		
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
			Total DM Fed						Total DM Fed		

RATIONS AND PASTURE CALCULATION FOR MILKING COWS

☐ Not applicable.

a. DRY MATTER DEMAND (DMD)

☐ Large Breed ☐ Small Breed

b. GRAZING SEASON RATION

c. NON-GRAZING SEASON RATION

Feed Type	%DM of Feed		Average lbs Fed Per Cow		DM Fed (lbs)	Feed Type	%DM of Feed		Average lbs Fed Per Cow		DM Fed (lbs)
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
			Total DM Fed						Total DM Fed		

RATIONS AND PASTURE CALCULATION FOR BULLS

☐ Not applicable, no bulls culled for organic meat.

a. DRY MATTER DEMAND (DMD)

☐ Large Breed ☐ Small Breed

b. GRAZING SEASON RATION

c. NON-GRAZING SEASON RATION	
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Feed Type	%DM of Feed	Average lbs Fed Per Cow	DM Fed (lbs)	Feed Type	%DM of Feed	Average lbs Fed Per Cow	DM Fed (lbs)
-----------	-------------	-------------------------	--------------	-----------	-------------	-------------------------	--------------

		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	
		X		=				X		=	

				Total DM Fed						Total DM Fed	
--	--	--	--	--------------	--	--	--	--	--	--------------	--

d. PASTURE CALCULATION

DMD Table Value		Total DM Fed		DM Pasture		DMD Table Value		Percent DM Pasture
	—		=		÷		=	

2) Do you raise any feed on your farm? ☐ Yes ☐ No

a) If yes, please list:

3) Describe purchased feed below: ☐ Not applicable

Type	Distributor	Certification Agency

4) How do you verify that the feed ration is sufficient to meet nutritional requirements?

5) What is your plan for meeting livestock nutritional needs if you have a shortage of organic feed?

B. Feed Supplements and Additives

1) List all feed supplements and additives.

BRAND NAME	REASON FOR USE	APPROVED BY:			
		NOP	WSDA	ISDA	OMRI
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Do you use conventional supplemental milk replacers? ☐ Yes ☐ No

- a) If yes, how do you know they do not contain antibiotics and are not made with milk from rBST-treated animals?

C. Feed Storage

- 1) How do you prevent contamination of stored livestock feed?
- 2) How do you prevent commingling of organic and conventional stored feed? ☐ Not applicable
- 3) How do you prevent or control rodents in organic feed storage areas?
☐ traps ☐ glue boards ☐ sanitation ☐ cats ☐ other (please explain)
- 4) Do you use silage inoculants or other materials on feed crops after harvest?
a) If yes, please list the name brand:

D. On-farm and Custom Feed Processing

- 1) Do you process your own feed (mix, grind, roast, extrude, etc.)? ☐ Yes ☐ No
a) If yes, is the equipment also used for nonorganic products? ☐ Yes ☐ No
b) If yes, how is the equipment cleaned prior to processing organic feed to prevent commingling of organic and nonorganic?
☐ swept out ☐ compressed air ☐ vacuumed ☐ purged ☐ other (please explain)
c) If purged, do you maintain records of dates, product, and purged amounts? ☐ Yes ☐ No
- 2) Is any of your feed custom processed? ☐ Yes ☐ No
a) If yes, is the operator certified organic? ☐ Yes ☐ No
b) If yes, provide the name of the processor and certifying agent.

SECTION 6: Water

NOP Rule 205.201, .239

- 1) What are your sources of water for livestock use?
☐ on-site well ☐ municipal ☐ river/creek/pond ☐ spring ☐ other (specify):

2) Are there immediate contamination threats to your water source(s)? ☐ Yes ☐ No

a) If yes, please describe the threat and the steps you are taking to mitigate the threat.

3) What is the date of your last water test for coliform bacteria and nitrates? ☐ Not applicable

4) If you use additives in the water, list them and state reason for use: ☐ No additives used

5) If livestock have access to a river, creek, or pond how do you control erosion and protect water quality? ☐ No access

6) Describe the location and types of all sources of water:

SECTION 7: Living Conditions

NOP Rule 205.201, .206(f), .239

1) Describe housing used: *(All facilities and outdoor livestock areas should be indicated on attached maps.)*

Type Of Housing And Map Designation	Class Of Livestock Housed	Size (Length X Width)	Number Of Animals Housed

2) Check all natural areas that are designed or selected to provide shade and physical protection:

☐ Woods ☐ Tree Lines ☐ Hedge Rows ☐ Geographic Land Features

☐ Other (specify):

3) Describe the location and types of all available shelter and shade:

4) Is bedding used? ☐ Yes ☐ No

a) If yes, are roughages used as bedding? ☐ Yes ☐ No

b) If so, do you have documentation that bedding is certified organic? ☐ Yes ☐ No ☐ Not applicable

- 5) How often is housing cleaned out?
- 6) Describe sanitation or cleaning products used: ☐ No sanitation products used
- 7) Are any fumigants or prohibited pest control agents used in the facility? ☐ Yes ☐ No
 a) If yes, what steps do you take to prevent contamination of feed and livestock?
- 8) What source(s) of light is used in animal housing?
- 9) Is day length regulated using artificial light? ☐ Yes ☐ No
 a) If yes, please describe:
- 10) What outdoor areas other than pasture do animals use?
- 11) What reasons are animals temporarily confined or sheltered?
- | | | |
|---|---|--|
| <input type="checkbox"/> Protection of health, safety or well-being | <input type="checkbox"/> Stage of life | <input type="checkbox"/> Sorting |
| <input type="checkbox"/> Risk to soil or water quality | <input type="checkbox"/> 4H or other youth projects | <input type="checkbox"/> Inclement weather |
| <input type="checkbox"/> Preventative healthcare procedures | <input type="checkbox"/> Breeding | |
| <input type="checkbox"/> Treatment of illness or Injury | <input type="checkbox"/> Shipping | |
- 12) What reasons are animals temporarily denied pasture or outdoor access?
- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> One week at the end of a lactation | <input type="checkbox"/> Three weeks prior to parturition | <input type="checkbox"/> Parturition |
| <input type="checkbox"/> Up to one week after parturition | <input type="checkbox"/> Newborn cattle up to six months | <input type="checkbox"/> Milking |
- 13) How long are animals indoors (hours per day)? spring summer fall winter
- 14) Describe locations of any treated (with prohibited materials) lumber that may come into contact with livestock:

15) Do you use fencing or other means to limit livestock access to creeks, ponds, or other water bodies?

☐ Yes ☐ No ☐ Not applicable

16) Describe the location and types of all permanent fencing:

SECTION 8: Pasture

NOP Rule 205.239(a)(2)

1) Please describe all pastures used by all livestock: *(All pastures must be indicated on maps and field history forms.)*

Pasture ID	Acreage	Livestock Classes	Animals Per Acre	Type Of Pasture	Grazing System	Principal Species
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	

List all "Pasture ID's" which are mechanically harvested:

CLASS	DATE ANIMALS BEGIN TO GRAZE FOR THE REGIONAL LOCATION	DATE ANIMALS STOP GRAZING FOR THE REGIONAL LOCATION	NOT APPLICABLE
Bulls			<input type="checkbox"/>
Milking Cows			<input type="checkbox"/>
Milking Cows (High)			<input type="checkbox"/>
Milking Cows (Low)			<input type="checkbox"/>
Fresh Cows			<input type="checkbox"/>
Close-up Cows			<input type="checkbox"/>

Far-off Cows			<input type="checkbox"/>
Young Heifers			<input type="checkbox"/>
Bred Heifers			<input type="checkbox"/>
Calves			<input type="checkbox"/>
(Other)			<input type="checkbox"/>

6) What techniques are used to prevent waste runoff?

- ☐ limit number of grazing animals
 ☐ rotate pastures
 ☐ buffer zones
☐ harrow to spread manure evenly
 ☐ other (please explain)

7) What techniques are used to prevent erosion?

- ☐ avoid overgrazing
 ☐ repair gullies
 ☐ terraces
 ☐ other (*please describe*)

8) Do you use fencing or other means to limit pastured livestock access to creeks, ponds, or other water bodies?

- ☐ Yes
 ☐ No
 ☐ Not applicable

9) What techniques are used to prevent overgrazing or decline in the pasture resource?

- ☐ rotate pastures with crops
 ☐ heavy seeding/reseeding
 ☐ liming/fertilization
☐ rotational/management intensive grazing
 ☐ pasture renovation
☐ other (please describe)

10) How do you ensure buffers are maintained between grazing areas and land not under organic management?

- ☐ agreements with adjacent land owners/managers
 ☐ recessed fence line
☐ agreements with road maintenance and utility crews
 ☐ do-not-spray signs
☐ isolation from conventionally managed land
 ☐ other (*please describe*)

SECTION 9: Manure Management

NOP Rule 205.239(a)(2)

1) What type(s) of manure management do you use?

- ☐ spread immediately/soon as possible
 ☐ stockpile indoors
 ☐ stockpile outdoors
☐ no centralized accumulation of manure e.g. year-round pasturing
 ☐ composting
 ☐ liquid
☐ other (specify)

2) Do you apply manure or composted manure to your fields?

- ☐ Yes
 ☐ No

a) If yes, what is the approximate rate of application?

b) If yes, how many acres of land are available for manure and compost application?

c) If yes, list materials added to manure or manure compost (example: bedding, barn lime, inoculants, etc.)

d) If yes, during what months do you apply manure or manure compost?

3) If you do NOT apply manure to your own land, how do you ensure that nutrients are recycled?

4) Explain how your manure handling ensures that no contamination of water resources occurs?

SECTION 10: Livestock Health Care Practices

NOP Rule 205.238

A. General Information

1) Identify the general components of your animal health management program including preventive and management practices:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> choosing well-adapted species | <input type="checkbox"/> selective breeding | <input type="checkbox"/> raise own replacement stock | |
| <input type="checkbox"/> isolation for purchased/diseased animals | <input type="checkbox"/> vaccinations | <input type="checkbox"/> culling | <input type="checkbox"/> good quality feed |
| <input type="checkbox"/> good ventilation in housing | <input type="checkbox"/> access to outdoors | <input type="checkbox"/> dry bedding | <input type="checkbox"/> good sanitation |
| <input type="checkbox"/> nutritional supplements | <input type="checkbox"/> pasture rotation | <input type="checkbox"/> probiotics | <input type="checkbox"/> low stress handling |
| <input type="checkbox"/> other (<i>please specify</i>) | | | |

B. List all past health or disease problems and products/treatments used or to be used

HEALTH PROBLEM/DISEASE	NAME BRAND OF PRODUCT/TREATMENT USED	APPROVED BY:			
		NOP	WSDA	ISDA	OMRI
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Include vaccinations and parasiticides given or planned:

Animal ID	Date	Medication	Reason	Preventative Practice
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1) Please provide the name, address, and phone number of your veterinarian:

2) Are your animals tested for specific diseases on a routine basis? ☐ Yes ☐ No

a) If yes, what diseases are they tested for?

b) If yes, how is the testing done? ☐ by yourself ☐ veterinarian ☐ state or federal official
☐ other (please describe)

D. Pest management

1) Indicate all livestock pest problems.

☐ flies ☐ internal parasites ☐ external parasites ☐ predators
☐ other (*please describe*)

2) What prevention and control measures do you use to control for flies?

☐ sanitation/manure removal ☐ commercial fly parasites/predators ☐ sticky tape
☐ walk-through fly traps ☐ allowed/restricted pesticides ☐ good quality feed
☐ other (*please specify*)

3) What prevention and control measures do you use to control for internal and external parasites?

☐ probiotics ☐ garlic or herbs ☐ controlled grazing ☐ multi-species grazing
☐ allowed/restricted synthetic de-wormers ☐ diatomaceous earth
☐ other (*please describe*)

a) How do you monitor livestock for internal parasites?

☐ visual/body condition ☐ fecal analysis ☐ anemia evaluation
☐ other (*please describe*)

b) How often is monitoring done?

☐ daily ☐ weekly ☐ other (please describe)

4) If external parasites are a problem, what prevention and control measures do you use?

- ☐ facility sanitation ☐ facility fumigation ☐ dust/mud wallows ☐ sulfur dusts
☐ diatomaceous earth ☐ allowed/restricted pesticides ☐ medications
☐ other (please describe)

a) How do you monitor livestock for external parasites?

- ☐ visual inspection of animals ☐ visual inspection of facility
☐ other (please describe)

b) How often is monitoring done?

☐ daily ☐ weekly ☐ other (please describe)

5) What control measures do you use for predators?

- ☐ restrict grazing when predation is frequent ☐ artificial lighting ☐ fencing ☐ traps
☐ corral/lock up animals at night ☐ bird netting ☐ hunting ☐ guard animals
☐ noise makers ☐ other (please describe)

a) Do you take steps to ensure that your control measures do not harm other wildlife? ☐ Yes ☐ No

E. Physical Alterations:

- 1) List physical alteration practices you use ☐ None used ☐ castration ☐ de-horning
☐ ear notching ☐ tail docking ☐ branding ☐ removal of extra teats
☐ other (please describe)

2) Please describe physical alteration practices as listed above:

ALTERATION PRACTICE	METHOD USED AND MEANS FOR REDUCING LIVESTOCK STRESS	REASON FOR ALTERATION PRACTICE

SECTION 11: Pre-Slaughter Management

NOP Rule 205.102, .201, .272

1) Where are your cull cows slaughtered? ☐ Not applicable

- ☐ no slaughter ☐ on-farm ☐ processing facility ☐ other (specify)

2) Please describe how animal stress and injury is minimized during loading, transport, unloading, and slaughter:

SECTION 12: Milk Collection and Handling

NOP Rule 205.201, .272

- 1) Please indicate type of milk handling systems you use. ☐ Not applicable
- ☐ pipeline ☐ automated ☐ step saver ☐ hand milking ☐ parlor
- ☐ tie stalls ☐ stanchions ☐ other (*specify*)
- 2) How are you licensed? ☐ Grade A ☐ Grade B ☐ other (*specify*)
- 3) Describe cleaning cycle for milking equipment (water temperature, number of rinses, type of cleaning materials, etc.):
- Detergent brand name:
- Acid cleaner brand name:
- Sanitizer brand name:
- 4) Please specify products used to clean animals: ☐ None used
- ☐ teat dips (*specify name*): ☐ udder wash (*specify name*): ☐ other (*specify*)
- 5) If you have a split operation, or have conventional milking animals in your herd, how do you ensure that the conventional milk does not commingle with organic milk? ☐ Not applicable

SECTION 15: Animal Identification

NOP Rule 205.201(a)(5), .236(c), .238(c)(7)

- 1) Describe your identification system: ☐ collars ☐ ear tags ☐ tattoos ☐ leg bands ☐ branding
☐ other (*specify*)
- 2) Do you assign numbers and/or letters as part of your animal ID system? ☐ Yes ☐ No
- a) If yes, give an example and explain the components of your ID number.
- 3) Are any animals treated with prohibited materials? ☐ Yes ☐ No
- a) If yes, how are the animals identified and segregated?

SECTION 16: Marketing and Labeling

NOP Rule 205.300 through .311

- 1) How is milk marketed/sold? ☐ Not applicable

☐ wholesale ☐ retail ☐ processed on-farm ☐ other (*specify*)

2) Do you use or plan to use the USDA Organic Seal on organic product labels or market information?

☐ Yes ☐ No

3) Do you use or plan to use the seal of the certifying agent on product labels or market information?

☐ Yes ☐ No

SECTION 17: Record Keeping

NOP Rule 205.103, .236(c)

A. Records

1) Note which types of records you keep:

ORGANIC RECORDS	DESCRIPTION
<input type="checkbox"/>	Documentation of purchased animals
<input type="checkbox"/>	Breeding records
<input type="checkbox"/>	Purchased feed and/or feed supplements
<input type="checkbox"/>	Feed labels
<input type="checkbox"/>	Organic certificates for purchased feed
<input type="checkbox"/>	Organic certificates for purchased organic animals
<input type="checkbox"/>	For first time certification of animals: feed records verifying 100% organic feed for one year
<input type="checkbox"/>	Health records (vaccines, medications, physical alterations, etc.)
<input type="checkbox"/>	Feed storage
<input type="checkbox"/>	Milk production
<input type="checkbox"/>	Non-organic livestock, livestock production, and sales records
<input type="checkbox"/>	Sales
<input type="checkbox"/>	Shipping and receiving records; bills of lading, etc.
<input type="checkbox"/>	Other (describe)
<input type="checkbox"/>	Other (describe)
<input type="checkbox"/>	Other (describe)
<input type="checkbox"/>	Other (describe)

2) Do you use lot numbers for any products?

☐ Yes ☐ No

a) If yes, give an example of your lot number and explain what each component means.

3) Are/will records be maintained for at least five years?

☐ Yes ☐ No

SECTION 18: Split Production

NOP Rule 205.201(a)(5)

1) Describe all prohibited substances and practices:

☐ Not applicable

PROHIBITED SUBSTANCE OR PRACTICE	ANIMAL ID	DATE USED

2) Describe measures taken to prevent the commingling of organic and non-organic livestock and livestock products (animal ID, segregation, audit trail, etc.)

3) Describe measures taken to prevent organic livestock and livestock products from contamination by prohibited substances.

SECTION 19: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to provide further information as required by the certifying agent.

Signature of Operator _____ Date _____

I have attached the following documents:

- ☐ Maps of the operation (including buildings and pasture/grazing areas and showing adjoining land use and identification)
- ☐ Field history sheet (be sure to list pastures on field history sheets provided)
- ☐ Input product labels, if applicable
- ☐ Organic product labels, if applicable
- ☐ Other
- ☐ Other
- ☐ Other
- ☐ Other

☐ I have made copies of this questionnaire and other supporting documents for my own records.

Submit completed form, fees, and supporting documents to:

Brandon.Lamb@agri.idaho.gov

or to

**Idaho State Department of Agriculture
2270 Old Penitentiary Road
Boise, ID 83701-0790**